

## Chronic Kidney Disease Management: Pre-workshop Questionnaire

*Improving chronic kidney disease (CKD) care in the community using health information technology: The CKD Pathway, Nephrology eReferral, and enhanced electronic Comprehensive Annual Care Plan (CACP)*

This reflective tool is intended to be completed individually, prior to the workshop. Please record your responses to the following questions:

This questionnaire is anonymous

1. Please rate how comfortable you are able to:

|                                                                            | Very Low <input type="radio"/> | Low <input type="radio"/> | Modera <input type="radio"/> | High <input type="radio"/> | Very High <input type="radio"/> |
|----------------------------------------------------------------------------|--------------------------------|---------------------------|------------------------------|----------------------------|---------------------------------|
| Identify a patient with CKD                                                |                                |                           |                              |                            |                                 |
| Administer guideline-concordant medication therapies for CKD patients      | <input type="radio"/>          | <input type="radio"/>     | <input type="radio"/>        | <input type="radio"/>      | <input type="radio"/>           |
| Know when a referral to a Nephrologist is indicated                        | <input type="radio"/>          | <input type="radio"/>     | <input type="radio"/>        | <input type="radio"/>      | <input type="radio"/>           |
| Provide resources and suggest guideline recommended goals for CKD patients | <input type="radio"/>          | <input type="radio"/>     | <input type="radio"/>        | <input type="radio"/>      | <input type="radio"/>           |

2. Have you:

|                                                                                               | Yes                   | No                    |
|-----------------------------------------------------------------------------------------------|-----------------------|-----------------------|
| a) Heard of the CKD Pathway                                                                   | <input type="radio"/> | <input type="radio"/> |
| b) Utilized the CKD Pathway                                                                   | <input type="radio"/> | <input type="radio"/> |
| c) Heard about NetCare eReferral                                                              | <input type="radio"/> | <input type="radio"/> |
| d) Utilized NetCare eReferral                                                                 | <input type="radio"/> | <input type="radio"/> |
| e) Heard about Netcare eReferral Advice Request                                               | <input type="radio"/> | <input type="radio"/> |
| f) Utilized NetCare eReferral Advice Request                                                  | <input type="radio"/> | <input type="radio"/> |
| g) Utilized dashboard features with your EMR to identify and manage patients in your practice | <input type="radio"/> | <input type="radio"/> |

3. If you have utilized eReferral Consult or Advice Request in the past, for which specialties:

**Thank you for completing this questionnaire**